

2202

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>260</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>620</u>	
Town of _____		Local Registrar's No. _____	
City of <u>Globe</u>	(No. _____ St. _____ Ward)		
FULL NAME OF CHILD <u>Claudia Jeanne Trojanovich</u>		Born } Yes	
If child is not named, make Supplemental Report on blank obtainable from local Registrar.		Alive } <u>NO</u>	
Sex of Child <u>7.</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____
		Legitimate? <u>yes</u>	Date of Birth <u>Oct. 20</u> 192 <u>0</u>
			(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Claude Irwin Trojanovich</u>	Full Maiden Name <u>Delmae Harmon</u>		
Residence <u>Globe Ariz.</u>	Residence <u>Globe Ariz.</u>		
Color or Race <u>White</u>	Age at last Birthday <u>21</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>23</u> (Years)
Birthplace <u>Arizona</u>	Occupation <u>Number salesman</u>	Birthplace <u>Arizona</u>	Occupation <u>Housewife</u>
Number of child of this mother <u>1</u>		Number of children, of this mother, now living <u>1</u>	
		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>Oct 20</u> 192 <u>0</u> , at <u>5:40</u> PM.			
*When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>C. W. Adams</u>	
		(Attending physician, midwife, householder*)	
Given or Christian name added from a supplemental report. _____ 192____		Address <u>Globe Arizona</u>	
338-1020-934		LOCAL REGISTRAR.	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	